DO NOT WHITE  AMMANDED  Property Margine Department No. 12. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	.3.7 A	MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH —63-						-63-9	07235						
1. PLACE OF SEATH  2. COUNTY  Jackson  2. CHANGE SETTIFICATION (Control of the county)  1. CACH  2. TAGAL  3. TAGAL COUNTY  Jackson  3. CACHER OF SEATH  1. SEATH OF SEATH  1. CACHER OF SEATH  1. SEATH OF SEATH OF SEATH  1. SEATH OF	DO NOT WRITE	'ARTM	AMENI	OF P	UBL	C HEALTH AND WELFARE Registration District No.		egistration Distri	ct, No. 425	3 2 Registrar's No.	20	STATE FI	LE NUMBER		
So County Jackson   Seminatory   Seminatory	ON THIS STUB		AMEN	AED	_ =		1963			1 2 HIGHAI DECIDEN	CS (Where date	and lived If invite	tion. Posidones Latina		
Continue		وا ا		11			cson		-						
Comparison of the Comparison	Rev. 4/59	2	1 [		1-	b. CITY (If outside corporate limits,	give TOWNSHIP: o	only) Leng	th of stay in 1b	II OR			Inside Limits		
Continue	•	WE				TOWN Lee's Sur		60	yrs.	TOWN Le					
3 A ALAK OF DECASED FIRST Middle Last 4. DATE Morth Day Year Original Character of the property of cycligo its, even if retired Day May 23,1875 87.  5. 2	7004		:\	<b>\</b> \.		HOSPITAL OR		•		II ADDRECC			· I		
3. AME OF DECLARED FIRST Models Law 1. DATE Models Law 1. DATE Models Day 1. DATE May 1. DATE MADE NOT	-	_ \A			1-	institution 402 Sout	th Dougl	25	Yes 10 No 🗋	40	2 South	Douglas	Yes No 🛱		
5. SEX SCHOOL OR PACE White White White White Diversel British Age (Inst Diversel Will Way 23, 1875 87 North Day Hour Min.  10. USUAL OCCUPATION (revise what of work down by Movement White British Britished (by and state or country) 12. CITIZEN OF WHAT COUNTRY HOME BY A COUNTRY WILLIAM OF WILLIAM		1 [				(Type or print)					l OF				
Female White Widowed IX Discreted May 23,1875 87 Months Day Hours Min.    Name	4	1		1 1	]_		·			<del></del>	1 _				
10   10   10   10   10   10   10   10		1								** ** *	1	- Months			
132 - O THE SECONTION OF THE SECONTION O	<u> </u>					0a. USUAL OCCUPATION (Give kind of	work done . 10b.	KIND OF BUSIN	ESS OR INDUSTR				N OF WHAT COUNTRY		
132 - O THE SECONTION OF THE SECONTION O	.6	§.	1	$\downarrow \downarrow$		during most of working life, even if HOUSEWIIE	retired)	Home		Valley	City, M	o. USA			
St. WAS DECRESCE EVEN IN U.S. ASMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   MO of the control of the c	7 0			.	-	3a. FATHER'S NAME	1								
No.	R.	1 1									Rob				
10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		AS				res, <u>no, or unknown)   (If yes, give war</u>		I IB. SUCIAL	SECURIT NO.	1	wana Wa				
IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (b)  IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (b)  IMMEDIATE (c)  IMMEDIATE CAUSE (c)  IMMEDIATE (c)  IMMEDIATE CAUSE (c)  IMMEDIATE (c)  IMMEDI	<u> 4/74X</u>	쀭	! !		₌   -	18. CAUSE OF DEATH (Enter only one cause p									
DUE TO (b)    132 -0   20   20   20   20   20   20   20	10				إ	PART I. DEATH WAS CAUSED BY:  ONSET AND C							ONSET AND DEATH		
NOTE: Stating the under- plane of the under- p	11			[	5	. IMMEDIAI	E CAUSE (a)	anery.	<i>Lestra</i>	J recor	wiff	I KLIONOU.	100		
NOTE: Stating the under- plane of the under- p	12 -	E E		2	3	Conditions, if any,	DUE TO (b)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there's pregnancy in last 90 days there's pregnanc	1290-0	SE IS				above cause (a),			-						
SOUTH   STATE   STAT	132 -0		+-+	T	Į.	lying cause (ast.)		_	·		<u> </u>	·			
The state of the s		1.			Ž	PART II. OTHER SIGN	NIFICANT CONDITION PAR	TIONS CONTRIB ET 1. (a)	UTING TO DEAT	H but not related to	the terminal				
20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION  20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION  21. I attended the deceased from 2 - 12 - 1959, to 3 - 3 - 63 and last saw her alive on 3 - 3 - 63.  Death occurred at 3 - 3 - 4 - 63.  22a. SIGNATURE  22b. ADDRESS  22c. DATE SIGNET  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City, town, or county)  REMOVAL (Specify)  Burial  24. FUNERAL DIRECTOR ADDRESS  25. DATE RECD. BY LOCAL REG.  25. REGISTRAR'S SIGNATURE  Langsford Funeral Home  26. REGISTRAR'S SIGNATURE  Langsford Funeral Home		S			3	Con the	urcelo	LAVLA .	Leve	uslited	<i>,</i>	☐ Yes	No □ Unknown		
20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION  20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION  21. I attended the deceased from 2 - 12 - 1959, to 3 - 3 - 63 and last saw her alive on 3 - 3 - 63.  Death occurred at 3 - 3 - 4 - 63.  22a. SIGNATURE  22b. ADDRESS  22c. DATE SIGNET  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City, town, or county)  REMOVAL (Specify)  Burial  24. FUNERAL DIRECTOR ADDRESS  25. DATE RECD. BY LOCAL REG.  25. REGISTRAR'S SIGNATURE  Langsford Funeral Home  26. REGISTRAR'S SIGNATURE  Langsford Funeral Home		WE			į.		IT SUICIDE H	OMICIDE 2	Ob. DESCRIBE HO	W INJURY OCCURRED	. (Enter nature of	injury in PART I or Pa	ART II of item 18.)		
20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION  20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION  21. I attended the deceased from 2 - 12 - 1959, to 3 - 3 - 63 and last saw her alive on 3 - 3 - 63.  Death occurred at 3 - 3 - 4 - 63.  22a. SIGNATURE  22b. ADDRESS  22c. DATE SIGNET  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City, town, or county)  REMOVAL (Specify)  Burial  24. FUNERAL DIRECTOR ADDRESS  25. DATE RECD. BY LOCAL REG.  25. REGISTRAR'S SIGNATURE  Langsford Funeral Home  26. REGISTRAR'S SIGNATURE  Langsford Funeral Home		2			Ü	YES D NO D									
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Death occurred at 190 22c. Date Signer  22a. SIGNATURE  22a. SIGNATURE  22a. Date Signer  22b. ADDRESS  22c. Date Signer  22c. Date Signer	¥ ≅.			.1 }		` WHILE'AT WORK □	farm, factory	, street, office b	ldg., etc.)						
Death occurred at 190 22c. Date Signer  22a. SIGNATURE  22a. SIGNATURE  22a. Date Signer  22b. ADDRESS  22c. Date Signer  22c. Date Signer	A S.E.	8				21 Lattended the decreed from	3-13-	1959	to.: 3 -	3-63 and	l last saw her ali	ve on 3-3-	63.		
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Langsford Funeral Home 3-5-1963 7.8. Karyaford		<u>¥</u>				Burial Mar.		Lee's	Summit	GERECOL BY LOCAL PI	LC 6 1 5 2	TRAR'S SIGNATURE	SSOM.T		
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TIGG B COMMITTO 1 MO 1 (Firefiled Dimension on Service and)		-	L	1 1	4_	Lee's Summit, Mo		(Licensed:	Embalmer's Stater	ment on Reverse Side)	- 17-7-	مر	77		

The contract of the contract o

## STATEMENT BY LICENSED EMBALMER

ı nereb	y certify mar me body whose name	is recorded on the reverse side of this certificate was embantied by the,
or by		, Student Embalmer No
working under	my personal supervision.	- 1 D 1 11
Student	Signature of Student Embalmer	_ Signed . D. D. January Sould for
, e ** 14 - e **	Signature of Student Embanner	Licensed Embalmer No
7 1		P. O. Address Lie Seeming M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

THE PROPERTY OF THE STREET OF SECURE OF SECURE STREET, B. C. STREET, S. C. STREET, S. C. STREET, S. C. STREET,

It a a opt hunted Form